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6 **IN THE UNITED STATES DISTRICT COURT**
7 **FOR THE DISTRICT OF ARIZONA**
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9 Trina Jeffries,

10 Plaintiff,

11 v.

12 Commissioner of Social Security
13 Administration,

14 Defendant.

No. CV-24-00323-PHX-KML

ORDER

15 Plaintiff Trina Jeffries seeks review of the Social Security Commissioner’s final
16 decision denying her disability insurance benefits. Because the Administrative Law
17 Judge’s (“ALJ’s”) decision is supported by substantial evidence and is not based on
18 harmful legal error, it is affirmed.

19 **I. Background**

20 Jeffries filed an application for disability insurance benefits on April 28, 2021,
21 alleging a disability beginning August 14, 2020. (Administrative Record (“AR”) 16.) An
22 ALJ denied her claim on April 26, 2023 (AR 32), and the Appeals Council denied her
23 request for review (AR 1). Jeffries then appealed to this court.

24 **II. Legal Standard**

25 The court may set aside the Commissioner’s disability determination only if it is not
26 supported by substantial evidence or is based on legal error. *Orn v. Astrue*, 495 F.3d 625,
27 630 (9th Cir. 2007). “Substantial evidence is more than a mere scintilla but less than a
28 preponderance” of evidence and is such that “a reasonable mind might accept as adequate

1 to support a conclusion.” *Id.* (quoting *Burch v. Barnhart*, 400 F.3d 676, 679 (9th Cir.
 2 2005)). The court reviews only those issues raised by the party challenging the decision.
 3 *See Lewis v. Apfel*, 236 F.3d 503, 517 n.13 (9th Cir. 2001).

4 **III. Discussion**

5 Jeffries argues the ALJ committed three materially-harmful legal errors in analyzing
 6 her claim: (1) failing to find her mental impairment severe; (2) finding the medical opinion
 7 of occupational therapist Kavita Parikh unpersuasive; and (3) finding the medical opinion
 8 of Dr. Kari Coelho, a consultative psychological examiner, unpersuasive. Jeffries seeks a
 9 remand for further administrative proceedings.

10 **A. The ALJ’s Five-Step Disability Evaluation Process**

11 Under the Social Security Act, a claimant for disability insurance benefits must
 12 establish disability prior to the date last insured. 42 U.S.C. § 423(c); 20 C.F.R. § 404.131.
 13 A claimant is disabled under the Act if she cannot engage in substantial gainful activity
 14 because of a medically-determinable physical or mental impairment that has lasted, or can
 15 be expected to last, for a continuous period of twelve months or more. 42 U.S.C.
 16 §§ 423(d)(1)(A); 1382c(a)(3)(A).

17 Whether a claimant is disabled is determined by a five-step sequential process. *See*
 18 *Woods v. Kijakazi*, 32 F.4th 785, 787 n.1 (9th Cir. 2022) (summarizing 20 C.F.R.
 19 § 404.1520(a)(4)). The claimant bears the burden of proof on the first four steps, but the
 20 burden shifts to the Commissioner at step five. *Tackett v. Apfel*, 180 F.3d 1094, 1098 (9th
 21 Cir. 1999). At step three, the claimant must show that her impairment or combination of
 22 impairments meets or equals the severity of an impairment listed in Appendix 1 to Subpart
 23 P of 20 C.F.R. Part 404. 20 C.F.R. § 404.1520(a)(4)(iii). If the claimant meets her burden
 24 at step three, she is presumed disabled and the analysis ends. If not, at step four, the
 25 claimant must show her residual functional capacity (“RFC”)—the most she can do with
 26 her impairments—precludes her from performing her past work. *Id.* If the claimant meets
 27 her burden at step four, then at step five the Commissioner must determine if the claimant
 28 is able to perform other work that “exists in significant numbers in the national economy”

1 given the claimant's RFC, age, education, and work experience. *Id.* at § 404.1520(a)(4)(v).
 2 If so, the claimant is not disabled. *Id.*

3 The ALJ found Jeffries had "not engaged in substantial gainful activity" since her
 4 disability onset date and that she had a severe impairment for a continuous period of twelve
 5 months, satisfying her burden at steps one and two. *Id.* at § 404.1520(a)(4)(i)–(ii). (AR 19–
 6 20.) At step three, he concluded her impairments or combination of impairments did not
 7 meet or medically equal the severity of a listed impairment (AR 24–25) and at step four,
 8 that Jeffries had the RFC to perform light work with some additional physical limitations
 9 (AR 25). In evaluating Jeffries's RFC, the ALJ considered her entire medical record but
 10 discounted the opinions of Parikh and Dr. Coelho.¹ (AR 30–31.)

11 The ALJ used Jeffries's RFC to conclude at step four that she was not disabled
 12 because she could perform her past relevant work as a personnel director, medical records
 13 manager, ER administrator, and in credentialing and enrollment. (AR 31.)

14 **B. Mental Impairment**

15 At step two of the sequential evaluation process, the ALJ found Jeffries had the
 16 severe impairments of cervical and lumbar degenerative disc disease and obesity. (AR 20.)
 17 She argues the ALJ erred by not considering her mental impairment of depression to be
 18 severe because that finding is not supported by substantial evidence.² (*See* Doc. 18 at 10–
 19 11.) In support of this argument, she contends the ALJ failed to cite any records
 20 inconsistent with the severe mental impairment Dr. Coelho described. (Doc. 18 at 11–14.)
 21 She also faults the ALJ for relying on numerous normal mental status examinations that
 22 pre-dated "a severe decline in mental health toward the end of 2021." (Doc. 18 at 12–13.)

23 This argument fails because the ALJ cited ample evidence from a variety of medical
 24 sources to support his conclusion that Jeffries's mental impairment was not severe. (*See*
 25 AR 30.) This includes the medical opinions of Dr. Cristobal Eblen and Dr. Raymond

26 ¹ The ALJ discounted other medical opinions (*see* AR 29–30), but Jeffries does not contend
 27 that those analyses were the product of legal error. The ALJ also discounted Jeffries's
 symptom testimony (AR 31), but Jeffries does not contend that was an error either.

28 ² Jeffries only alleged the mental impairment of depression. (AR 67.) Her attorney
 pluralizes her allegation as "mental impairments" but does not explain what the additional
 impairments might be. (*See* Docs. 18, 22.)

1 Novack, who both opined Jeffries’s mental impairment was non-severe. (*See* AR 30 (citing
 2 AR 67–75, 77–91).) Notably, Jeffries does not contend Dr. Eblen or Dr. Novack’s medical
 3 opinions were incorrect or that the ALJ should not have relied on them. (*See* Docs. 18, 22.)
 4 These sources provide substantial evidence for the ALJ’s conclusion that Jeffries’s mental
 5 impairment was not severe, despite Dr. Coelho opining it was. *See Orn*, 495 F.3d at 630
 6 (simplified). And the ALJ cited medical records from early 2022 showing largely normal
 7 mental status examinations—despite sometimes also acknowledging Jeffries’s
 8 depression—which contradict Jeffries’s claim of a severe decline in mental health toward
 9 the end of 2021. (*See* AR 21 (citing AR 936, 1064, 1264, 1294, 1405).)

10 Jeffries recharacterizes the medical records the ALJ cites, arguing they support a
 11 finding her mental impairment is severe. (Doc. 18 at 11–14.) But if “the evidence [in the
 12 record] is susceptible to more than one rational interpretation,” the court must “uphold the
 13 ALJ’s conclusion.” *Tommasetti v. Astrue*, 533 F.3d 1035, 1039 (9th Cir. 2008) (simplified),
 14 *superseded on other grounds by* 20 C.F.R. § 404.1502(a); *see also Michelle C. v. Comm’r*
 15 *of Soc. Sec.*, No. 2:17-CV-00339-MKD, 2018 WL 6606071, at *6 (E.D. Wash. Dec. 17,
 16 2018). Jeffries’s contention that the ALJ erred by finding her mental impairment non-
 17 severe fails.

18 **C. The ALJ’s Evaluation of Parikh’s Medical Opinion**

19 For claims filed after 2017 like Jeffries’s, the most important factors an ALJ
 20 considers in evaluating medical opinions are “supportability” and “consistency.” *Woods*,
 21 32 F.4th at 791 (citing 20 C.F.R. § 404.1520c(a)). “Supportability” refers to the extent to
 22 which a medical source grounds the opinion in an explanation of the relevant objective
 23 medical evidence. *Id.* “Consistency” refers to the extent to which the opinion accords with
 24 evidence from other medical and nonmedical sources. *Id.* at 792. An ALJ must explain how
 25 he considered the supportability and consistency factors when explaining how persuasive
 26 he finds a medical opinion. *Id.* But under the 2017 regulations, an ALJ need no longer give
 27 special deference to treating physicians, nor provide “specific and legitimate reasons” for
 28 rejecting a treating doctor’s opinion. *Id.* Instead, “an ALJ’s decision, including the decision

1 to discredit any medical opinion, must simply be supported by substantial evidence.” *Id.* at
2 787.

3 Jeffries argues the ALJ improperly discounted Parikh’s medical opinion because he
4 failed to show it lacked support. (Doc. 15 at 18.) But the ALJ’s decision to discount
5 Parikh’s medical opinion must only be supported by “substantial evidence,” and it was
6 here. *See Orn*, 495 F.3d at 630 (simplified). The ALJ acknowledged Parikh’s limiting
7 Jeffries to “light work, with the noted postural, manipulative and environmental limitations
8 is supported given her degenerative dis[c] disease with pain that radiates to the upper and
9 lower extremities.” (AR 31.) But the ALJ noted “increased limitations are not supported,
10 given that [Jeffries] was largely observed with full musculoskeletal strength and a normal
11 gait.” (AR 31.) The ALJ cited 21 pages of medical records for this finding, far exceeding
12 the “substantial evidence” threshold requiring more than a “mere scintilla” of evidence. *Id.*
13 (simplified).

14 Jeffries also argues “Parikh provided far more support for [her] opinion” than a
15 doctor in an unpublished Ninth Circuit case reversing an ALJ’s rejection of a medical
16 opinion. (Doc. 18 at 15 (citing *Liburd v. Comm’r of Soc. Sec. Admin.*, No. 21-35435, 2022
17 WL 1616975 (9th Cir. May 23, 2022)).) It is unclear how this case supports Jeffries’s
18 argument. *Liburd* reversed an ALJ’s decision to discount a medical opinion as unsupported
19 by substantial evidence where “*all* the ALJ’s reasons for rejecting [the medical] opinion
20 [were] contradicted by the record.” *Id.* at *1 (emphasis added). That is not the case here,
21 where the ALJ cited many medical records contradicting Parikh’s findings and noted that
22 Parikh was unable to conduct a complete physical exam. (AR 31.) These reasons for
23 discounting Parikh’s opinion are supported by the record, unlike the ALJ’s rationale in
24 *Liburd*. (*See, e.g.*, AR 312, 355, 1781.) Jeffries’s argument that the ALJ erred in
25 discounting Parikh’s medical opinion therefore fails.

26 **D. The ALJ’s Evaluation of Dr. Coelho’s Medical Opinion**

27 Jeffries summarily argues the ALJ failed to make a supportability finding in
28 rejecting Dr. Coelho’s opinion as unpersuasive. (Doc. 18 at 16.) By only contesting

1 supportability (*see* Doc. 18 at 16–17), she appears to concede the ALJ properly evaluated
2 the “consistency” of Dr. Coelho’s opinion. *See Woods*, 32 F.4th at 791 (citing 20 C.F.R. §
3 404.1520c(a)). Her argument fails.

4 The ALJ made an explicit finding that Dr. Coelho’s opinion was not supported by
5 her examination. (AR 30.) He cited one of Dr. Coelho’s medical records which showed
6 that Jeffries scored a 29 out of 30 on a cognitive function examination. (AR 30 (citing AR
7 529).) Jeffries cites no case law indicating that a single record is insufficient to establish
8 “substantial evidence” (i.e., that it provides more than a “mere scintilla” of evidence). She
9 also does not cite to records that contradict the one the ALJ cited. And in fact, in reviewing
10 Dr. Coelho’s opinion, other doctors noted it was not supported because Dr. Coelho relied
11 too heavily on the subjective symptoms Jeffries was displaying on the day of the exam and
12 not enough on the testing Coelho performed or the records as a whole. (AR 72, 83.)

13 Even if this piece of evidence were discounted, the ALJ cited additional evidence
14 which Jeffries does not dispute that independently supported finding Dr. Coelho’s opinion
15 unpersuasive. (*Compare* Doc. 18 at 16–17 with AR 30.) Furthermore, when the record
16 evidence is susceptible to more than one rational interpretation, the ALJ’s conclusion must
17 be upheld. *See Tommasetti*, 533 F.3d at 1039. Here, where other medical professionals
18 opined that Jeffries’s depression was not severe (*see* AR 67–75, 77–91) and opined that
19 Dr. Coelho’s opinion was not supported (*see* AR 72, 83), the evidence is susceptible to
20 more than one rational interpretation. For these reasons, Jeffries’s argument that the ALJ
21 improperly rejected Dr. Coelho’s opinion fails.

22 **IV. Conclusion**

23 The ALJ did not err in finding Jeffries’s mental impairment non-severe. He also did
24 not err in finding the opinions of Parikh and Dr. Coelho unpersuasive. Because the ALJ’s
25 decision is supported by substantial evidence and is not based on harmful legal error, it is
26 affirmed.

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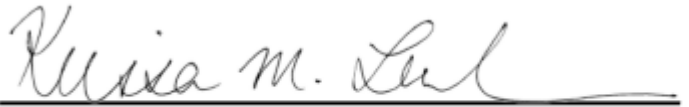
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1 Accordingly,

2 **IT IS ORDERED** affirming the April 26, 2023, decision of the ALJ.

3 **IT IS FURTHER ORDERED** directing the Clerk to enter final judgment
4 consistent with this Order and close this case.

5 Dated this 19th day of February, 2025.

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8 **Honorable Krissa M. Lanham**
9 **United States District Judge**
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